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Bib Data Sheet

CONFIRMATION NO. 5684

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>09/998,467 | <b>FILING DATE</b><br>11/29/2001<br><b>RULE</b> | <b>CLASS</b><br>438 | <b>GROUP ART UNIT</b><br>2812 | <b>ATTORNEY DOCKET NO.</b><br>85A 3169 |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**  
 Koji Sato, Akishima, JAPAN;

**\*\* CONTINUING DATA \*\*\*\*\***

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 JAPAN 2000-364401 11/30/2000

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 12/19/2001**

|   |   |                                  |                            |                          |                                |
|---|---|----------------------------------|----------------------------|--------------------------|--------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>6 | <b>TOTAL CLAIMS</b><br>7 | <b>INDEPENDENT CLAIMS</b><br>2 |
| Verified and Acknowledged                                   | Examiner's Signature _____<br>Initials _____  |                                  |                            |                          |                                |

**ADDRESS**  
 KODA & ANDROLIA  
 Suite 3850  
 2029 Century Park East  
 Los Angeles ,CA 90067-3024

**TITLE**  
 Semiconductor device *Having Bumps* ~~and a method for manufacturing the same~~

*85A*

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>370 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                   |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
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